



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

TREATMENT OF MEASLES.—The *Medical Record* quotes the following from *La Presse Médicale*: M. J. Hallé says that while measles is not a severe disease in the family where isolation is possible and hygiene can be carried out, it is a fatal disease where this is not possible. The important measures in its treatment are all hygienic; isolation in a moderately light room, with plenty of fresh air, daily spongings and changing of the clothes, washing of the eyes with a mild boracic acid lotion, and cleansing of the nose, throat, mouth, and vulva. Diet should be bland and purgatives avoided, since diarrhœa is a frequent symptom. The cough should not be abolished but softened by ammonia. The child should remain about ten days in bed. In complicated cases prompt treatment is needed. When there are symptoms of suffocation cold baths are useful. In the rare hemorrhagic cases tonics and strychnine are indicated. When there is hyperpyrexia warm baths may be substituted for cold, according to the reaction. In bronchopneumonia, or when it is threatened, warm baths or compresses should be used. In adynamic forms mustard baths are valuable. Diffusible stimulants are demanded and injections of camphorated oil are valuable. Laryngitis demands warm steam sprays in the room. Ear complications should be forestalled by warm instillations into the ears.

ELECTRICAL TREATMENT OF MENSTRUAL DISORDERS.—The *New York Medical Journal*, quoting from a foreign contemporary, says: Laborderie emphasizes the utility of static electricity in the treatment of various gynæcological disturbances, especially amenorrhœa. He has found that the electric bath regulates the menstrual period and prevents the occurrence of dysmenorrhœa. He begins with daily sittings of twenty minutes' duration, finishing with about five minutes' "sparking" in the lumbar region, to induce congestion of the pelvic organs. He greatly prefers this treatment to that of ordinary emmenagogues, and prescribes at the same time general hygienic measures. Swedish gymnastics, suitable exercise, and change of air.

TOTAL ANÆSTHESIA BY INJECTION OF COCAINE INTO THE VEINS.—The *New York Medical Journal*, in a synopsis of an article in a German medical journal, says: Ritter has shown by experiments on animals that after injection of cocaine into the veins the sense of pain is lost all over the body for a certain length of time, varying from fifteen minutes to half an hour or more. Later the sensibility of the animals became normal. With the use of weaker solutions it can be perceived distinctly that the animals feel a touch, but do not feel pain. With stronger doses the sense of smell is lost. No animal experimented on died, and in only a few were there any bad after effects, these usually when a large dose had been given to a small animal.

PELLAGRA, ANCIENT AND MODERN.—H. D. King, in the *Journal of the American Medical Association*, gives an historic sketch of the disease pellagra, showing its spread and increase in the countries where it exists. He accepts the view that it is due to the eating of damaged maize. There seems to be hardly a country in Europe where it is not more or less prevalent with the exception of the northern regions, Italy, France, and Austria seeming to be the greatest sufferers. In Great Britain the disease has been noted but twice and there does not seem to be any record of it in the Scandinavian countries or in northern Russia. In northern Africa it is also very prevalent. On this continent it has been recognized in Brazil, Mexico, and the Argentine Republic as well as in the West Indies. The recent recognition of it in the United States was preceded many years ago in 1864 by the reports of two or three cases, at which time also a small outbreak was noted in Nova Scotia. Reports of this are very meagre and uncertain. It is noticed as remarkable that the medical records of the Civil War contain no mention of pellagra, but King suggests that it may have existed unrecognized in the southern prison camps and he suggests further inquiries as to this point as a profitable subject for investigation.

THE SIGNIFICANCE OF POSTURE IN OBSTETRICS.—In a paper in the *New York Medical Journal*, Dr. Albert F. A. King advocates the sitting or kneeling posture during delivery in preference to the usual one of lying flat on the back. In this position it is possible to make use of the pressure of the thighs on the abdomen to assist in the expulsion of the child. He says transverse presentations may be corrected by this means. There is no fear of infection as in forceps deliveries, the whole process being perfectly natural.

UTERINE FIBROIDS.—In the *British Journal of Nursing* for April 17 is an article by Dr. Bedford Fenwick on this subject, which covers the ground in a simple and understandable manner.

Fibroids are at first merely a thickened portion of the muscular tissue of the uterus and are extremely common, it having been estimated that at least one woman out of eight has several. As they increase in size, they may become submucous, those which press into the cavity of the uterus; or interstitial, those which remain in the wall; or subperitoneal, those which develop outward from the uterus into the abdominal cavity. The interstitial tumors may give very little trouble. The subperitoneal, having room in which to develop, often grow to immense size and cause pain by pressure on surrounding organs. The submucous usually cause hemorrhage.

All of these varieties seem to occur most frequently in unmarried women or in married women who have not borne children. Small tumors which cause no discomfort may often be let alone with safety, but those which cause pain or hemorrhage should not be disregarded. The old idea that at the menopause the tumor will shrink or disappear is proven a mistaken one, as on the contrary, the tumor often becomes larger at the climacteric, or degeneration sets in. Delay may make operation impossible or more difficult.

An article in a recent number of the *Journal of the American Medical Association* makes a plea for the enucleation of tumors whenever possible rather than the removal of the generative organs, on account of the disastrous effect on the nervous system which has often been found to follow such operations.

CURRENT LITERATURE OF INTEREST TO NURSES

New York Medical Journal, November 6, "The Present State of Vaccine Therapy," Harry A. Duncan, M.D.; November 13, "Some New Fields and Methods in Psychology"; November 20, "Attack upon Tuberculosis," Lawrason Brown, M.D.; November 27, "The Significance of Posture in Obstetrics," Albert F. A. King. *Medical Record*, November 6, "The Hookworm Commission," Editorial; November 13, "The Early Diagnosis of Measles," Editorial; November 20, "Sterilization of the Confirmed Criminal," Editorial; "Jonnesco's Method of Spinal Anæsthesia," Editorial; November 27, *Johns Hopkins Hospital Bulletin*, November; "The Epidemic of the Indians of New England, 1616-1620," Herbert N. Williams, M.D.